

ECS Configuration Change Request

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|---|----------------------------|---|-------------------------|--|
| CCR No. 97- 1013 | Logged Date 6/26/97 | Rev. - | Request Type CCR | |
| Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/> | Affected Release B | | Change Class II | |
| Title (description) Release B.0 SMC HW/SW mapping Baseline Update | | | | |
| Documents Affected None | | Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference None | | |
| RTM Change <input type="checkbox"/> | | Start New Baseline <input type="checkbox"/> | | |
| Problem Update the SMC HW/SW mapping to support B.0 site installation. | | | | |
| Proposed Solution Review and approve file containing: 1. SMC B.0 HW/SW mapping. | | | | |
| Impact Analysis: Organizations Affected: Procurement <input type="checkbox"/> BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> Science Off <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input checked="" type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/> | | | | |
| Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000)(\$100,000 to \$500,000) (Over \$500,000) | | | | |
| Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____ | | | | |
| Originator C. Van Steenberg, Const. Ofc. _____ Charleen Van Steenberg Signature _____ Date _____ | | | | |
| Office Const. Mgr. _____ Office Manager Chip Schwartz Signature _____ Date _____ | | | | |
| Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> CCB Chairperson Ramsey Billups Signature _____ Date _____ | | | | |

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